DALLAS COUNTY COMMUNITY SERVICES

Mental Health & Disabilities Services

ANNUAL REPORT

For FY 12/13
(July 1, 2012 through June 30, 2013)

DALLAS COUNTY COMMUNITY SERVICES

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Section 1 – PROGRESS TOWARD GOALS AND OBJECTIVES

The following goals are identified in the current Strategic Plan for Dallas County Community Services, 2009/2010 - 2011/2012. Due to the current restructuring of the state of Iowa's mental health system, we continued with the 2009 thru 2012 strategic plan and goals. Our goals are identified in three areas: Administrative, Services, and Public Awareness.

ADMINISTRATIVE GOAL

GOAL 1:   Dallas County will develop enhanced provider training opportunities.

- o **Action Steps:**
  - ▪ Dallas County Community Services staff will develop a survey to be sent to all provider agencies regarding training needs. ***Ongoing:*** *DCCS developed a new survey along with gaining input from providers at the quarterly provider network meeting. This was met with positive results. DCCS will continue to request input in this manner from providers to assist with ongoing training needs and evaluation.*

  - ▪ Dallas County Community Services will develop a training committee to meet quarterly. ***Completed FY 2011***

  - ▪ The training committee will develop a training curriculum. ***Ongoing:*** *The training committee had their initial meeting in the fall of fiscal year 2011. This has developed into provider network meetings to discuss needs of providers, etc. The training curriculum is ever evolving depending on the budget of the county.*

  - ▪ A schedule of trainings will be developed for providers and for DCCS staff. ***Ongoing:*** *During FY 13/14 fiscal year, several trainings are planned to include providers, law enforcement and stakeholders.*

  - ▪ The training committee will plan and sponsor an annual conference addressing mental health related issues in collaboration with the Dallas County Partnership for Community Health. ***Ongoing:*** *Due to the issue of time and availability of other conferences, Dallas County will be holding several one day conferences rather than one conference lasting several days.*

SERVICES GOALS

**Provide a strengths-based, person-centered partnership of community
service providers to assure choice, access to, and continuity of care in services and supports
for service participants and their families in a high quality and cost effective manner.**

GOAL 1: Dallas County Community Services will increase quality services available to consumers residing in Dallas County.

- o **Action Steps:**
  - ▪ Dallas County Community Services will annually conduct a satisfaction survey with consumers, family members, and providers. ***Completed FY 2010, 2011, 2012, 2013 and Ongoing***
  - ▪ Dallas County Community Services will hold semi-annual stakeholder meetings to evaluate satisfaction with service providers. ***Ongoing***
  - ▪ Dallas County Community Services will develop a process to evaluate service providers funded by the county. ***Ongoing***

    This is intended to be part of the contracting process. This will be facilitated when the county enters into a region so everyone is consistent in their processes.

  - ▪ Dallas County Community Services will facilitate enhanced communication with Dallas County service providers to ensure better service continuity. ***Ongoing:*** *Dallas County continues to request feedback on a regular basis. Dallas County has developed a provider network that meets on a regular basis and discusses needs and issues.*

GOAL 2: Dallas County Community Services will develop a Mobile Crisis program within Dallas County.

- o **Action Steps:**
  - ▪ Dallas County Community Services staff will gather data on the needs in Dallas County for a Mobile Crisis Program. ***Completed FY 2010***
  - ▪ Dallas County Community Services staff will develop a "Mobile Crisis Development Team" (MCDT) to identify the best model to suit the needs of Dallas County residents. ***Completed FY 2010***
  - ▪ MCDT will develop an implementation plan for the chosen model. ***Completed FY 2010***
  - ▪ MCDT will meet quarterly after implementation to evaluate how the needs are being met and identify changes as necessary to ensure the program meets the needs to Dallas County residents. ***Ongoing***

GOAL 3: Dallas County Community Services will increase access to transitional housing for the Seriously Mentally Ill.

- o **Action Steps:**
  - Dallas County Community Services will secure a site to be utilized for transitional housing. ***Completed FY 2010***
  - Dallas County Community Services will identify a service provider to provide services to individuals accessing transitional housing. ***Completed FY 2010***
  - Dallas County Community Services and the service provider will develop admission criteria. ***Completed FY 2010***
  - Dallas County Community Services and the provider will develop discharge criteria. ***Completed FY 2010***
  - Dallas County Community Services and the provider will develop outcomes for the program. ***Completed FY 2010***
  - Dallas County Community Services staff will meet with transitional housing providers quarterly to determine if additional services are needed. ***Completed FY 2010:*** *This program was implemented in December 2009 and dissolved in November 2010. The CPC was unhappy with the provider agency involved and chose not to continue working with that provider in this setting. It was determined that individuals accessing this service needed more assistance than what was provided in order to complete the goal of discharging from the program within four months. The committee will meet again and reevaluate the program.*
    - **FY14 – This program continues to be reevaluated on a regular basis. Dallas County has identified a provider that can provide this service. A committee has been developed to explore how to implement this service for the region.**

GOAL 4: Dallas County Community Services will increase community based employment opportunities.

- o **Action Steps:**
  - Dallas County Community Services will gather data to determine supported employment needs in Dallas County. ***Completed FY 2010***
  - Dallas County Community Services staff will develop a plan to address identified needs in Dallas County. ***Ongoing***
  - Dallas County Community Services will develop an implementation plan for the chosen model to be implemented by a Community Based Employment Team (CBET). ***Ongoing***

- The CBET will meet quarterly after implementation to evaluate how the needs are being met and identify changes as necessary to ensure the program meets the needs of Dallas County Residents. ***Ongoing***

<div align="center">

PUBLIC AWARENESS GOAL

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Increase public awareness of mental health, mental retardation, developmental disabilities, and brain injury in Dallas County.

GOAL 1: Dallas County will increase awareness of and accessibility to services.

- o **Action Steps:**
  - Dallas County Community Services staff will meet with representatives from Dallas County schools to make them aware of services available. ***Ongoing***

  - Dallas County Community Services will make training and learning opportunities available for interested school staff on topics related to mental health/disability issues. ***Ongoing***

  - Dallas County Community Services staff will collaborate with local AEA educators to make informational packets available for students who are transitioning. ***Completed FY 2011***

  - The Dallas County social worker will serve as a resource and assist in arranging services and applying for assistance. ***Ongoing:*** *DCCS has broadened this goal to include the community. DCCS has developed a bi-monthly newsletter to reach community members and business owners in an attempt to more widely educate the Dallas County community. DCCS has also developed a resource directory to further educate the community about resources available.*

    - *As of June 2012, both projects had to be placed on hold due to budget constraints. It is anticipated that the bi-monthly newsletter will be picked back up during FY13. It is unknown if the resource directory will go back into print though it has been highly requested.*

    - ***As of June 2013, both projects are being reintroduced to Dallas County.***

Section 2 – DOCUMENTATION OF STAKEHOLDER INVOLVEMENT

The CPC has met with stakeholders from provider organizations as well as individuals on an ongoing basis throughout the year. Topics of discussion included mental health redesign, new providers and services, transportation, new mental health plan and development, service needs, improvements to current services, and the availability of service providers to move into Dallas County. The following people participated in the development of this plan representing the community, people who utilize mental health and developmental disabilities services, family members, providers, and other interested parties.

Darci Alt, Director/CPC Administrator, Dallas County Community Services

Ila Jean Taylor, Board Member, Dallas County Care Facility, Inc.

Charlie Rhinehart, Board Member, Dallas, Inc

Pam Danielson, General Assistance

Kurt Greving, Eyerly-Ball Mobile Crisis

Jon Proctor, Social Worker

Terry Johnson, Genesis Development

Cathy Miller, Genesis Development

Lisa Anderson, Case Manager

Shawna, Consumer

Jenny Erdman, Case Management Supervisor

Nick, Consumer

Steven, Consumer

Samantha, Consumer

Paula Carroll, LMSW

Deb McDermott, LMSW, Psychologist

Linda Lemon, Lifeline Resources

Kenneth Minkoff, MD, ZIA Partners

Kris Gerhard, Dallas County Mental Health Advocate

Tina, Consumer

Chad Leonard, Dallas County Sherriff

Stephanie, Consumer

Whitney, Consumer

Carolyn Dillard, Administrator, Dallas, Inc

Jesse, Consumer

Hope, Consumer

Ed Butler, Citizen, Dallas County

Anthony, Consumer

Jen Anderson, Abilities Unlimited

Kelli, Consumer

Andrea, Consumer

Deb, Consumer

Donna Schauer, Dallas County Magistrate

Jon Kimple, Dallas County Magistrate

Leslie Clemenson, Dallas County Magistrate

Meggan Guns, Dallas County Attorney

The Dallas County Community Services Targeted Case Management unit annually distributes a satisfaction survey to consumers, guardians, and providers to determine areas of improvement needed.

Section 3 – ACTUAL PROVIDER NETWORK

The following agencies were part of the Dallas County Provider Network in FY 12/13:

Coordination Services	
Case Management *21-375*	Dallas County Community Services
Services Management *21-376*	Community Support Advocates
Personal & Environmental Support Services	
Transportation *31-354*	Cedar Rapids Transit
	HomeCare Services, Inc.
	Joy Ride Transport
	Link Associates
	Trans Iowa
Homemaker/Home Health Aide *32-320*	HomeCare Services, Inc.
	Wesley Life Home Health
Home Management Services *32-322*	Philips Lifeline
Respite *32-325*	Home Instead Senior Care
Rep Payee *32-327*	Children & Families of Iowa
Supported Community Living *32-329*	Abilities Unlimited, Inc.
	Genesis Development
	Mainstream Living
	Optimae Lifeservices, Inc.
	Partnership for Progress
	Successful Living
	West Central Mental Health Center
Other Supports *32-399*	Deaf Services Unlimited
	Guardian Angels

	HomeCare Services, Inc.
	Knights On The Move
	Veridian Credit
Other Basic Needs	Abbe Center
33-399	Abilities Unlimited
	Genesis Development
	Mallard View
	Metro Properties
	Sisters Two, LLC
	Successful Living
	Tony's Meals
	Village Green Apartments

Physiological Services

Outpatient Physiological Treatment	Adel Health Mart
41-305	Dallas County EMS
	Dallas County Hospital
	Dallas County Public Health
	Guthrie County Hospital
	Iowa Health Physicians
	Mercy Family Care
Psychotropic Medication	Adel Health Mart
41-306	Carroll Apothecary
	Medicap Hy-Vee Pharmacy – Des Moines, Perry
	Sumpter Pharmacy
	Towncrest Pharmacy
In-Home Nursing	Dallas County Public Health Nursing Service
41-307	

Psychotherapeutic Services

Outpatient Psychotherapeutic Treatment	Abbe Center for Community Care
42-305	Bertroche, Dr. Patrick
	Broadlawns Medical Center

Capstone Behavioral Healthcare, Inc

Carroll, Paula

Cedar Centre Psychiatric Group

Eyerly Ball Mental Health Center

Genesis Mental Health

Heitman, Stephanie, LMSW

Integrative Counseling Solutions, Inc.

Iowa Health Counseling & Psychiatry Services

Kruse, Jennifer

Mason City Clinic

McDermott, Deb, PhD

Mental Health Center of North Iowa

Mercy Psychiatric Services

Providence Place

Seasons Center

Siouxland Mental Health Center

West Central Mental Health Center

Evaluation *43-399*	Buena Vista Regional Medical Center Carroll, Paula Cedar Centre Psychiatric Group Eyerly Ball Mental Health Center Genesis Mental Health Integrative Counseling Solutions, Inc. Iowa Health Counseling & Psychiatry Services Kruse, Jennifer McDermott, Deb, PhD Plains Area Mental Health Center West Central Mental Health Center
Community Support Programs *44-396*	Community Support Advocates

| **Psychiatric Rehabilitation** | Eyerly Ball |
| *44-397* | |

Vocational Services

Sheltered Workshop	Abilities Unlimited
50-360	Behavioral Technologies
	Christian Opportunity Center
	Goodwill Industries
	Optimae Lifeservices
Job Placement Services	Candeo
50-364	
Supported Employment Services	Genesis Development
50-368	
Enclave	Link Associates
50-369	
Other Vocational & Day Services	West Central Mental Health
50-399	

Licensed / Certified Living Arrangements

Supported Community Living	Abilities Unlimited
63-329	Genesis Development
	Lexington Home Based
	Optimae LIfeservices
Residential Care Facility	Dallas, Inc.
64-314	Dave's Place
	Genesis Development
	Knoxville Residential
	Mallard View, Inc.
	Optimae LIfeservices
	Prairie View Management, Inc.
	Pride Group, The

Commitment Services

| **State MH Institutes** | Cherokee Mental Health Institute |

71-319	Clarinda Mental Health Institute
	Mt. Pleasant Mental Health Institute
Other Public/Private Hospitals	Allegent Health
73-319	Allen Memorial Hospital
	Broadlawns Medical Center
	East Central Iowa Acute Care
	Iowa Lutheran Hospital – Des Moines
	Jennie Edmundson Hospital
	Mary Greeley Medical Center
	Mason City Clinic
	North Iowa Mercy Medical Center
	St. Luke's Hospital
Sheriff Transportation	Dallas County Sheriff
74-353	Greene County Sheriff
	Madison County Sheriff
Legal Representation	McEnroe Law Firm
74-393	Michael Law Firm
	Nading Law Firm
	Tran, Stephie
	Trotter, Nancy
	Wilcox, Polking, Gerken, Etc.
	Wild, Baxter, and Sand
Mental Health Advocate	Gerhard, Kris
74-395	

Section 4 – ACTUAL EXPENDITURES

Table D in the Statistical Reports, page 22, includes an overall report of actual expenditures by COA code and disability type.

Section 5 – ACTUAL SCOPE OF SERVICES

The following is the Matrix for County Covered Services/Supports by Diagnosis for FY 12/13:

SERVICE	MI	CMI	MR	DD
4x03 Information and Referral	O	O	O	O
4x04 Consultation	O	O	O	O
4x05 Public Education Services	O	O	O	O
4x06 Academic Services	O	O	O	O
4x11 Direct Administrative	O	O	O	O
4x12 Purchased Administrative	O	O	O	O
4x21- 374 Case Management- Medicaid Match	O	O	O	O
4x21- 375 Case Management -100% County Funded	O	O	O	O
4x22 Services Management	O	O	O	O
4x31 Transportation (Non-Sheriff)	O	O	O	O
4x32- 320 Homemaker/Home Health Aides	O	O	O	O
4x32- 321 Chore Services	O	O	O	O
4x32- 322 Home Management Services	O	O	O	O
4x32- 325 Respite	O	O	O	O
4x32- 326 Guardian/Conservator	O	O	O	O
4x32- 327 Representative Payee	O	O	O	O
4x32- 328 Home/Vehicle Modification	O	O	O	O
4x32- 329 Supported Community Living	O	O	O	O
4x32- 399 Other Support	O	O	O	O
4x33- 345 Ongoing Rent Subsidy	O	O	O	O
4x33- 399 Other Basic Needs	O	O	O	O
4x41- 305 Outpatient Physiological Treatment	O	O	O	O
4x41- 306 Prescription Medication	O	O	O	O
4x41- 307 In-Home Nursing	O	O	O	O
4x41- 399 Other Physiological Treatment	O	O	O	O
4x42- 305 Outpatient Psycotherapeutic Treatment	M	M	O	O
4x42- 309 Partial Hospitalization.	O	O	O	O
4x42- 399 Other Psychotherapeutic Treatment	M	M	O	OO
4x43- Evaluation	M	M	O	O
4x44- 363 Day Treatment Services	O	M	O	O
4x44- 396 Community Support Programs	O	O	O	O
4x44- 397 Psychiatric Rehabilitation	O	O	O	O
4x44- 399 Other Rehabilitative Treatment	O	O	O	O
4x50- 360 Sheltered Workshop Services	O	O	O	O
4x50- 362 Work Activity Services	O	O	O	O
4x50- 364 Job Placement Services	O	O	O	O

SERVICE	MI	CMI	MR	DD
4x50- 367 Adult Day Care	O	O	O	O
4x50- 368 Supported Employment Services	O	O	O	O
4x50- 369 Enclave	O	O	O	O
4x50- 399 Other Vocational & Day Services	O	O	O	O
4x63- 310 Community Supervised Apt. Living Arrangement (CSALA) 1-5 Beds	O	O	O	O
4x63- 314 Residential Care Facility (RCF License) 1-5 Beds	O	O	O	O
4x63- 315 Residential Care Facility For The Intellectually Disabled (RCF/ID License) 1-5 Beds	O	O	O	O
4x63- 316 Residential Care Facility For The Mentally Ill (RCF/PMI License) 1-5 Beds	O	O	O	O
4x63- 317 Nursing Facility (ICF/PMI License) 1-5 Beds	O	O		
4x63- 318 Intermediate Care Facility For The Intellectually Disabled (ICF/ID License) 1-5 Beds			M	
4x63- 329 Supported Community Living	O	O	O	O
4x63- 399 Other Community Based Settings 1-5 Beds	O	O	O	O
4x64- 310 Community Supervised Apt Living Arrangement (CSALA) 6 + Beds	O	O	O	O
4x64- 314 Residential Care Facility (RCF License) 6 + Beds	O	O	O	O
4x64- 315 Residential Care Facility For The Intellectually Disabled (RCF/ID License) 6 + Beds			O	
4x64- 316 Residential Care Facility For The Mentally Ill (RCF/PMI License) 6 + Beds		O		
4x64- 317 Nursing Facility (ICF/PMI License) 6 + Beds		O		
4x64- 318 Intermediate Care Facility For The Intellectually Disabled (ICF/ID License)			M	
4x64- 399 Other Community Based Settings 6 + Beds	O	O	O	O
4x71- 319 Inpatient/State Mental Health Institutes (Cherokee, Mt. Pleasant)	M	M	O	O
4x71- 399 Other Inpatient/State Mental Health Institutes (Oakdale)	O	O	O	O
4x72- 319 Inpatient/State Hospital Schools (Glenwood, Woodward)			M	
4x72- 399 Other Inpatient/State Mental Health Institutes	O	O	O	O
4x73- 319 Inpatient/Community Hospital	O	O	O	O
4x73- 399 Other Inpatient/Community Hospital	O	O	O	O
4x74- 300 Diagnostic Evaluations Related To Commitment	M	M	M	M
4x74- 353 Sheriff Transportation	M	M	M	M
4x74- 393 Legal Representation for Commitment	M	M	M	M
4x74- 395 Mental Health Advocates	M	M	M	M
4x74- 399 Other Commitment Expense	M	M	M	M

M = Mandated Services

O = Optional Services (Optional services may have service-specific criteria and/or may have limitations.)

Section 6 – NUMBER, TYPE, AND RESOLUTION OF APPEALS

- *In FY 13/14, Dallas County received no appeal requests.*

Section 7 – QUALITY ASSURANCE IMPLEMENTATION, FINDINGS AND IMPACT ON PLAN

A quality improvement process that provides for ongoing evaluation of the service system is essential to ensure that Dallas County is providing the best possible services and supports and to ensure that service participants are achieving the goals they wish to attain. Dallas County's quality assurance plan includes the following two processes:

- **Quality of the Provider Network:** Dallas County's assurance methodology includes quantitative and qualitative measures. Quantitative measures include statistical summaries of consumer service usage, consumer outcomes, service performance and quality, total costs of service, and costs to the Dallas County Mental Health Services System. During the last fiscal year, quantitative measures regarding consumer service usage for targeted case management, total costs of services, and costs to the Dallas County Mental Health Services System were established.

  Qualitative measures include satisfaction surveys of the service participants, family members, and providers of those individuals receiving Targeted Case Management were mailed surveys.

  During the next fiscal year, the CPC Administrator will use assessments of service quality for continuous service system improvement. This improvement process involves determination of the status of the current system (specifically, changes in legislation and how they will affect county goals and objectives) and the development of the county management plan in subsequent years. Service providers shall submit quality assurance reports, as defined through accreditation and licensing requirements, to the CPC Administrator within 30 days of receiving the report.

- **Quality of the Disability Services System:** The CPC Administrator will be responsible for gathering information on the following:

  - Consumer and family/legal representative satisfaction with the service system. ***Ongoing:*** *Satisfaction surveys are in place for those individuals receiving Targeted Case Management with Dallas County Community Services.*

  - Provider satisfaction with the service system. ***Ongoing:*** *Provider satisfaction surveys are in place for those individuals receiving Targeted Case Management with Dallas County Community Services.*

  - Patterns of service utilization. ***Ongoing:*** *Both qualitative and quantitative measurements have been established and are reviewed for patterns of service utilization.*

- Responsiveness of the system to consumer needs and desires. ***Not yet begun***

- Number and disposition of appeals. ***See page 15 for FY 12/13 appeals information.***

- Cost effectiveness of the service system. ***Ongoing:*** *In addition to the other quantitative measurement tools being used in the County, the reports available in CSN provide an additional tool to assist the CPC Administrator in an overall review of the cost effectiveness of the service system.*

Section 8 – WAITING LIST INFORMATION

- *Dallas County did not have a waiting list in FY 13.*

STATISTICAL REPORTS

DALLAS COUNTY COMMUNITY SERVICES
FY 12/13
(July 1, 2012 through June 30, 2013)

The following tables indicate the unduplicated number of individuals served by their age, primary disability group, the chart of accounts service they received, and dollars spent on each of the chart of accounts services for each type of disability during fiscal year, July 1, 2012 through June 30, 2013.

The planning and funding of services is an ongoing process that has to adapt to the changing needs of individuals. Dallas County Community Services' priority is to ensure that services approved for funding are cost effective and meet the strengths, abilities, priorities and needs for each individual. However, resources and funding are limited and because of this, Dallas County cannot honor or fund every request for services or supports.

In order to receive Dallas County Mental Health/Developmental Disabilities Services funding for desired services, individuals in Dallas County must meet certain diagnostic, income, and resource criteria outlined in the Service Participant Handbook and the Dallas County Mental Health Services Management Plan. In addition, individuals must complete the process to apply for any and all other funding sources that may be available to them. Dallas County Mental Health/ Developmental Disability dollars are the source of last payment and meant to cover the cost of those services not funded elsewhere.

Table A: Unduplicated Number of Persons Served by COA code and Disability Type
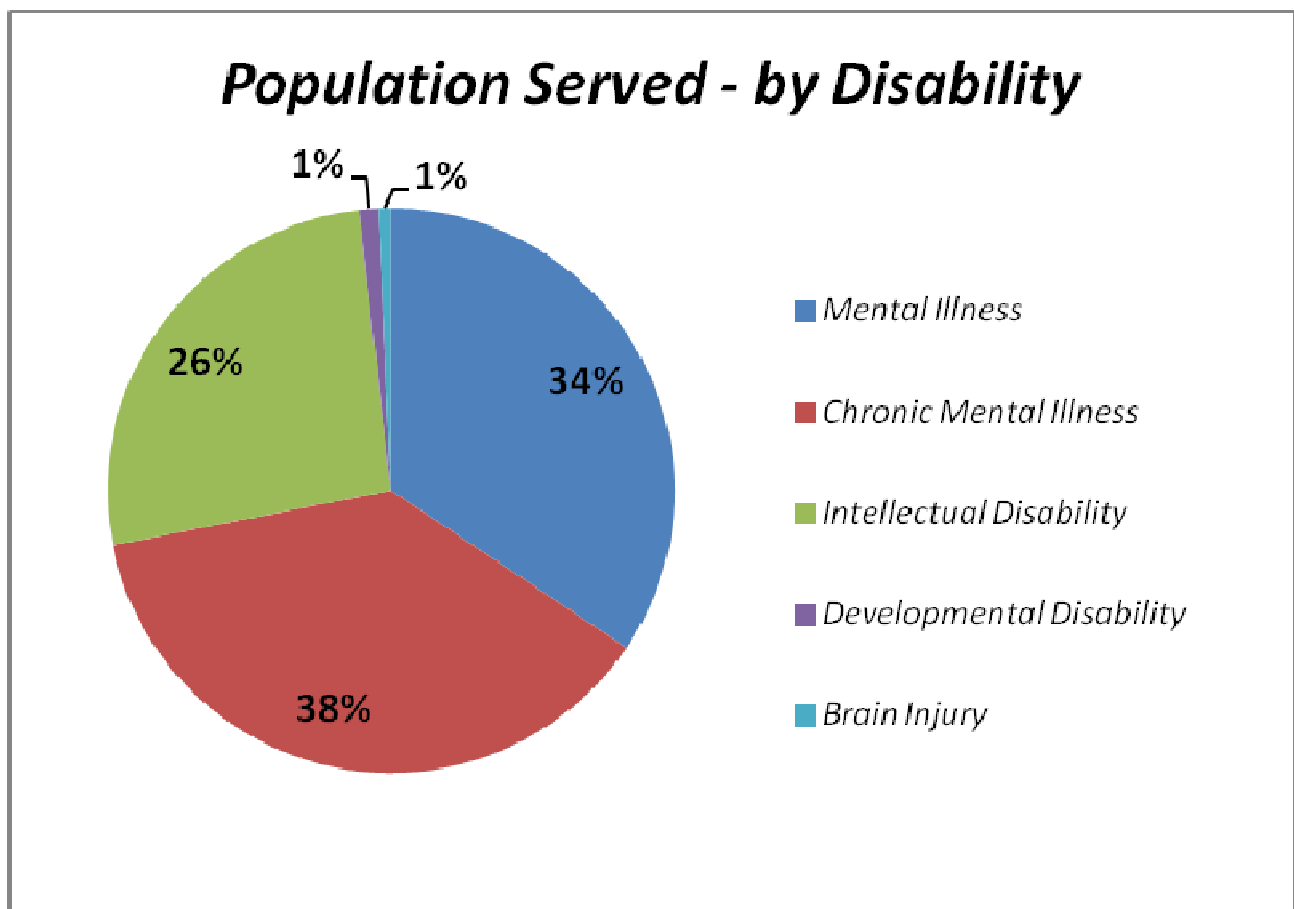
COA Code	Service	Mental Illness	Chronic Mental Illness	Intellectual Disability	Developmental Disability	Brain Injury	Administrative	TOTAL
ADULT								
04000	Consultation						1	**1**
05000	Public Education						1	**1**
11000	Direct Administration						1	**1**
12000	Purchased Administration							**0**
21374	Case Management - T19 Match		30	96	2			**130**
21375	Case Management - 100% County		2		1			**3**
22000	Service Management		1					**1**
31000	Transportation (non-Sheriff)		10	58	0	2		**70**
32320	Homemaker/Home Health Aid		2	1				**3**
32322	Home Management Services		1	5				**6**
32325	Respite		1	12		1		**14**
32327	Representative Payee		1					**1**
32329	Supported Community Living		50	37	2	1		**90**
32399	Other Support Services		4	11		1		**16**
33399	Other Basic Needs		10	2		1		**13**
41305	Physiological Treatment (Outpatient)		4					**4**
41306	Prescription Medicine		19					**19**
41307	Physiological Treatment (In-home Nursing)		3					**3**
42305	Psychotherapeutic Treatment (Outpatient)	140	44					**184**
42309	Psychotherapeutic Treatment (Partial Hospitalization)		2					**2**
43000	Evaluation	38	14					**52**
44396	Community Support Programs		2					**2**
44397	Psychiatric Rehabilitation		1					**1**
50360	Sheltered Workshop Services		13	30			1	**44**
50364	Job Placement Services		1	1				**2**
50367	Adult Day Care			2				**2**
50368	Supported Employment Services		5	8				**13**
50369	Enclave		1	7				**8**
50399	Other Vocational Services		10	47				**57**
63329	Supported Community Living		14	49	1			**64**
64314	RCF		21					**21**
64315	RCF/MR			12				**12**
64318	ICF/MR			11	2			**13**
71319	Inpatient (State MHI)	11	11					**22**

COA Code	Service	Mental Illness	Chronic Mental Illness	Intellectual Disability	Developmental Disability	Brain Injury	Administrative	TOTAL
73319	Inpatient (Other Private/Public Hospitals)		11					**11**
74353	Sheriff Transportation		44					**44**
74393	Legal Representation (Commitment court costs/legal fees)		44					**44**
74395	Mental Health Advocates		1					**1**

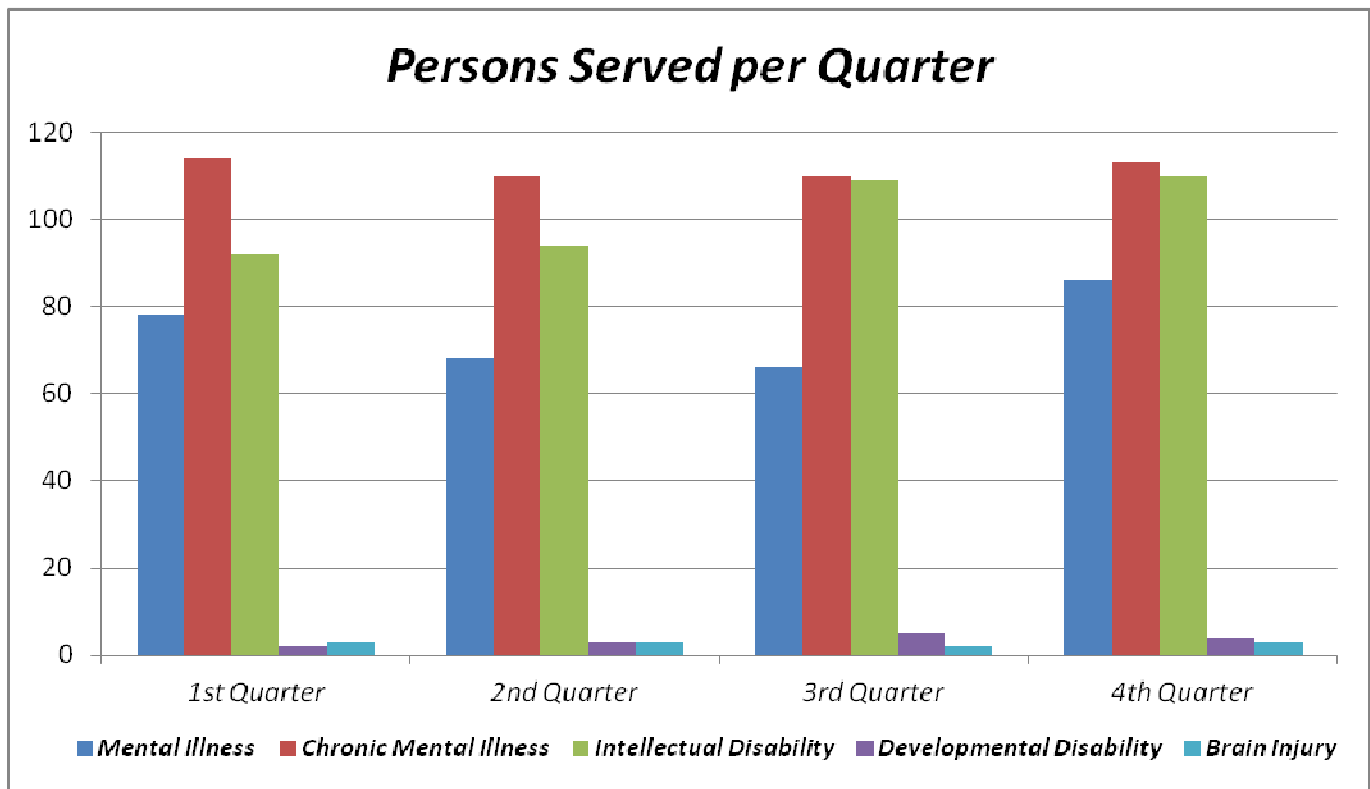| CHILD								
COA Code	Service	Mental Illness	Chronic Mental Illness	Intellectual Disability	Developmental Disability	Brain Injury	Administrative	TOTAL
21374	Case Management – T19 match							
21375	Case Management – 100% County							
32325	Respite							
32329	Supported Community Living							
42305	Psychotherapeutic Treatment (Outpatient)							
43399	Evaluation							
50360	Sheltered Workshop							
50399	Other Vocational Services							
74353	Sheriff Transport (Commitment)		2					**2**
74393	Legal Representation (Commitment)		2					**2**

Table B: Persons Served - Age Group by Primary Diagnostic Category

DISABILITY GROUP	Children	Adults	Unduplicated Total
Mental Illness	0	154	154
Chronic Mental Illness	3	165	168
Intellectual Disability	0	118	118
Other Developmental	0	5	5
Brain Injury	0	3	3
	3	**445**	**448**

Population Served - by Disability

1% 1%
26% 34%
38%

- Mental Illness
- Chronic Mental Illness
- Intellectual Disability
- Developmental Disability
- Brain Injury

Table C: **Mental Health System Growth / Loss Report**

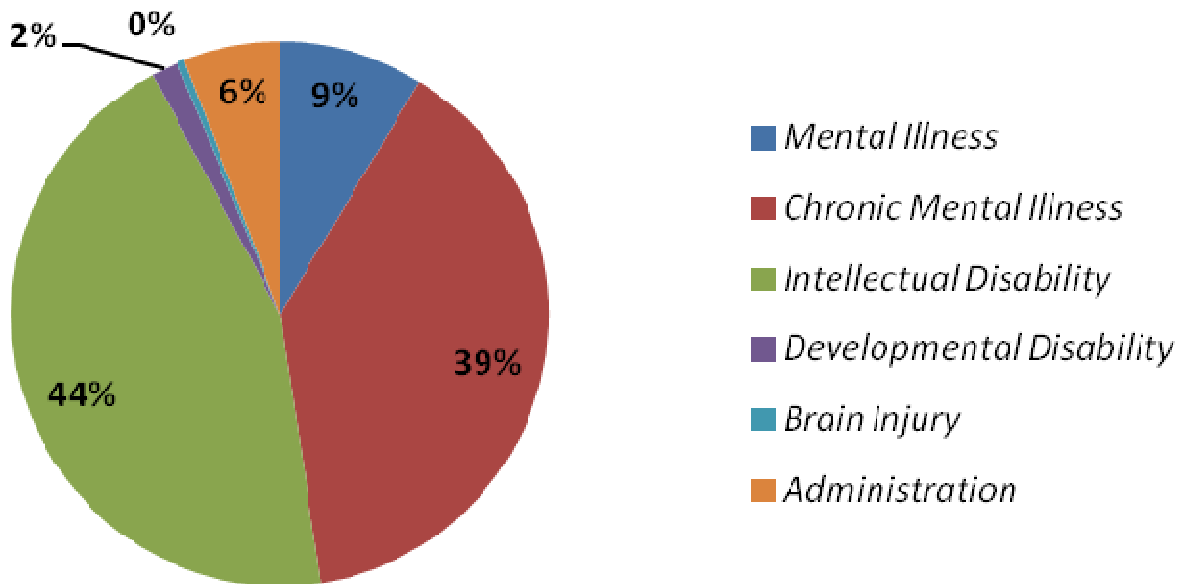| DISABILITY GROUP	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Net Change
Mental Illness	78	68	66	86	8
Chronic Mental Illness	114	110	110	113	-1
Mental Retardation	92	94	109	110	18
Developmental Disabilities	2	3	5	4	2
Brain Injury	3	3	2	3	0
	289	**278**	**292**	**316**	**27**

Table D: County Dollars Spent by COA Code and Disability Type

COA Code	Service	Mental Illness	Chronic Mental Illness	Intellectual Disability	Developmental Disability	Brain Injury	Administrative	Service TOTAL
4000	Consultation	27.71	27.71	27.72				*83.14*
5000	Public Education	8,588.81	5,975.20	6,659.41	310.20	466.40		*22,000.02*
11000	Direct Administrative						185,200.28	*185,200.28*
12000	Purchased Administrative							*0.00*
42481	Contributions to other Governments and/or Organizations	43,166.13	33,689.82	31,294.19	1,457.76	2,191.69		*111,799.59*
COORDINATION SERVICES								
21374	Case Management – T19 Match		16,652.81	27,840.24	369.13	566.35		*45,428.53*
21375	Case Management – 100% County		1,462.57		445.13			*1,907.70*
22000	Service Management		1,845.85					*1,845.85*
PERSONAL AND ENVIRONMENTAL SUPPORTS								
31000	Transportation (non-Sheriff)		10,625.90	77,942.28		440.05		*89,008.23*
32320	Homemaker/ Home Health Aid		908.20	442.27				*1,350.47*
32322	Home Mgmt Services		1,240.00	374.03				*1,614.03*
32325	Respite		432.88	8,467.99		55.34		*8,954.21*
32327	Representative Payee		401.10					*401.10*
32329	Supported Comm. Living		138,092.92	69,716.04	3,476.41	435.27		*211,720.64*
32399	Other		5,947.72	2,2979.78		323.94		*29,251.44*
33399	Other Basic Needs		11,000.90	632.71		2,396.64		*14,030.25*
TREATMENT SERVICES								
41305	Physiological Treatment (Outpatient)		84.29					*84.29*
41306	Prescription Medicine		11,804.49					*11,804.49*
41307	Physiological Treatment (In-home Nursing)		2,132.00					*2,132.00*
42305	Psychotherapeutic Trtmt (Outpatient)	138,658.15	86,039.00					*224,697.15*
42309	Partial Hospitalization							*0.00*
43000	Evaluation	18,959.51	21,714.00					*40,673.51*
44396	Community Support Programs		18,140.77					*18,140.77*
44397	Psychiatric Rehabilitation		160.00					*160.00*
VOCATIONAL AND DAY SERVICES								
50360	Sheltered Workshop		19,908.93	44,267.36		7,861.49		*72,037.78*
50365	Job Placement Services	17,343.71	909.00	1,510.00				*19,762.71*
50367	Adult Day Care			3,104.20				*3,104.20*
50368	Supported Employment		43,037.20	9,313.84				*52,351.04*
50369	Enclave		917.13	5,777.21				*6,694.34*
50399	Other Vocational Services		6,880.81	83,839.01				*90,719.82*

COA Code	Service	Mental Illness	Chronic Mental Illness	Intellectual Disability	Developmental Disability	Brain Injury	Administrativ	Service TOTAL
				LIVING ARRANGEMENTS				
63329	Supported Comm. Living		56,900.30	582,425.24	165.88			**639,491.42**
64314	RCF		599,561.44					**599,561.44**
64315	RCF/ID			268,478.72				**268,478.72**
64318	ICF/ID			176,974.63	45,151.09			**222,125.72**
71319	Inpatient (State MHI)	50,638.39	77,029.25					**127,667.64**
72319	Inpatient (State Hosp. School)							**0.00**
73319	Inpatient (Other Private/Public Hospitals)		28,575.34					**28,575.34**
74353	Sheriff Transportation		11,142.73					**11,142.73**
74393	Legal Representation (cmtmt court costs/legal fees)		12,738.22					**12,738.22**
74395	Mental Health Advocates		25,142.33					**25,142.33**
	TOTAL COUNTY DOLLARS:	**277,382.41**	**1,239,240.81**	**1,422,066.87**	**51,375.60**	**14,735.17**	**185,200.28**	**3,190,001.14**

Actual Dollars Spent by Disability

- Mental Illness — 9%
- Chronic Mental Illness — 39%
- Intellectual Disability — 44%
- Developmental Disability — 2%
- Brain Injury — 0%
- Administration — 6%

ATTACHMENT 1

DALLAS COUNTY COMMUNITY SERVICES

TARGETED CASE MANAGEMENT

ANNUAL ASSESSMENT

July 1, 2013 through June 30, 2014

Dallas County Community Services is a combined department which includes the
Dallas County CPC, Dallas County Targeted Case Management, and General Assistance.

DEMOGRAPHIC DATA

CURRENT SITUATION:

Dallas County Community Services Targeted Case Management currently employs eight Targeted Case Managers, two Case Management Program Coordinators, the Case Management Administrator, a Billing Clerk and a Financial/Data Manager. The case managers carry an average caseload of 32 consumers. Each case manager is trained to work with every population served by Dallas County Community Services, including the Brain Injury population.

In the last fiscal year, case management served 156 adults and 101 children. Of the 257 served, 164 accessed the HCBS ID Waiver and 20 accessed the Brain Injury Waiver. Case management served 53 adults with a diagnosis of Chronic Mental Illness and 9 adults with a diagnosis of Developmental Disability.

As of November 2013, the case management unit is serving 257 consumers. There are also 35 referrals that the Case Management Program Coordinators are working to get onto the waiver.

STRENGTHS:

Each case manager brings with him/her a variety of skills and work experiences to draw on and has at least the minimum experience required by Chapter 24 to qualify for their position. They have been trained to work with the four major populations we serve, those diagnosed with a intellectual disability, chronic mental illness, brain injury and developmental disabilities. Each case manager has a mixed caseload of all populations we serve. The targeted case management services are funded by Medicaid.

PROGRESS DURING THE LAST YEAR:

One of the goals from our Annual Program Plan was for case managers to carry a caseload of 25 to 28 consumers. The Case Management unit continues to work towards caseloads of 25 to 28. As of June 2013, caseloads were still at a minimum of 32 to 35 consumers per case manager. Reducing caseloads has become a priority due to the need to meet the demands of the paperwork and the ability to maintain Chapter 24 standards.

One goal of DCCS was to see as many consumers as possible on a bi-monthly basis. It is important for the case managers to be able to effectively evaluate each consumer's progress

and monitor their needs. By seeing the consumers only quarterly, there is not enough information available to truly assess how a consumer is doing in a particular service setting. In order to achieve this goal, it is felt by the management team that it is necessary to add additional positions as needed.

PROGRAM DESIRES AND ASPIRATIONS:
The case management unit will be focusing on implementing new regulations put in place by Medicaid.   Case managers will focus on getting documentation completed in order to have time to effectively advocate for the consumers DCCS serves. They need to be able to spend the time necessary to fill out paperwork completely in order to ensure consumers are not denied services based on a mistake made by a case manager. Starting in January of 2012, the case management unit became a BETA testing county for CSN to begin the transition to a new database system (CSN) developed by ISAC (Iowa State Association of Counties). CSN was a technological upgrade to better streamline required paperwork, allow easier access to information, and to ensure all the pertinent information was in one spot. The full transition needed to be completed by June 30, 2013 and the unit met that deadline. It is expected that the majority of this transition will be in place by January 31, 2013 in order to begin billing from the CSN system for case management as well as to allow time for any troubleshooting before July 1, 2013. The Case Management Unit began testing billing in July and will bill completely from CSN in November of 2013.

BARRIERS:
New Medicaid regulations have been put into place that creates the need for case managers to spend the majority of their time completing documentation. In the recent case management survey, the CM team received many comments that consumers do not get to see or speak to their case managers often enough.

The transition to the new CSN system has added an obstacle that the unit will need to address. The CSN system is not fully compatible with how the case managers currently keep their files, so many documents have to either be uploaded or created totally new in the system.

The Case Management system has also seen an increase in referrals due to the state of Iowa buying out the waiting list slots for the Intellectual Disability Waiver and the Brain Injury Waiver. Along with the Waiver buy-outs opening slots and increasing the demand for case management with the Mental Health Redesign, legal settlement will be going away in July of 2013 and individuals will now be served by their county of residence. Due to this change, the Case Management unit has experienced a heavy influx of referrals from surrounding counties to have their clients receive case management from Dallas County. The heavy amount of referrals with the already high case loads of the case managers has led to an increase in paperwork demands for case managers. as well as higher caseloads.

NEEDS:
The case management team will need additional training to ensure that all new Medicaid rules will be implemented correctly. They will also need to take necessary steps to ensure that time spent on documentation is billable. During this past year, the Case Management unit has seen an increase of referrals due to the state buyout of the waiting lists that allow for more people to access services. In addition to that buyout, there has been an increase in referrals from other counties as the state moves towards county of residence as opposed to county of legal

settlement. There is a need for additional case management positions in order to accommodate the increase in referrals. The additional case management positions would also help to reduce overall caseloads and allow the case managers to be more available to consumers. The addition of more case management positions would also help to increase the Case Management Program Coordinators ability to provide quality assurance and to ensure that all Chapter 24 regulations are being met along with ensuring quality care and helping to decrease job burnout and stress within the case management team. The case management administrator would like to ensure that communication is open with the Board of Supervisors so they are not broadsided with service needs or challenges within the case management unit.

TRAINING AND TEAM BUILDING

CURRENT SITUATION:
Team and group supervision meetings are held once a month each to discuss new issues for training, changes to current processes and procedures, and any additional needs brought to our attention.

ISAC Technical Assistance visits the case management unit on a quarterly basis to complete case readings and provide technical assistance as needed. The team meets as a group to go over needs identified in the case readings.

STRENGTHS:
The case managers have a varied background and previous experiences, which provides good resources for all staff and community entities to go to with a variety of questions. The case managers in the DCCS unit are able to speak up and share their ideas with others to facilitate change.

PROGRESS DURING THE LAST YEAR:
Each case manager has had the necessary training to work with each of the populations served by Dallas County Community Services. Having this training has made it possible for case managers to cover for each other when necessary.

PROGRAM DESIRES AND ASPIRATIONS:
The case management program would like to have an annual staff retreat and training opportunities for specific areas of need. In the following year, each case manager will attend trainings as offered including the Brain Injury Conference, the Annual Mental Health Conference, and the Annual Case Management Conference.

BARRIERS:
Obstacles for increased training as needed continue to include the increased paperwork and caseloads, as well as budget limitations.

NEEDS:
The case management unit would benefit from ongoing training in regards to new rules and regulations being implemented. The case management unit would benefit from ongoing training on disability specific and related training to ensure that they are providing the best case management services possible.

QUALITY ASSURANCE

CURRENT SITUATION:
Quality assurance is a program that has been on-going within the case management unit. Through this system we are able to track billable contacts, new consumers, individual face to face contacts, acceptance, and discharge from case management. We are also able to track ICP's and Assessments/Annual Reviews. Soon the case managers will be able to use the CSN database to track all of their data.

Case Management caseloads remain at 32 to 35. The management team is reviewing two files each month for each case manager. Areas of concern when reviewing files include, completing the reports timely, and making sure face to face contacts and collateral contacts are completed as required.

STRENGTHS:
It is evident through the case readings that the case managers understand the process of developing the ICP. They develop individual discharge plans and crisis plans. The case managers are responsible for completing their narrative contacts, finalizing and signing them and submitting them to the Program Coordinators each month. The case management team requires that each case manager turns in their narratives for review at the end of the month so as to ensure that DCCS is able to bill in a timely manner.

PROGRESS DURING THE LAST YEAR:
The case management team began the transition to the new CSN system that will allow for a more streamlined process once the transition is fully completed. The case management unit has attended meetings, viewed webinars, and creating support tickets to increase their knowledge of how the system works. Three members of the case management unit were invited to be a part of the CSN Steering Committee this last year. They attend monthly meetings to help with the continuing development of the system and also are able to bring back additional knowledge to the rest of the team.

PROGRAM DESIRES AND ASPIRATIONS:
The case management team aspires to complete 5-10 case readings per month. They are also reading discharge files for quality assurance prior to the file being broken down.

The management team provides a copy of each file review to the case manager for feedback and any completion of paperwork.

BARRIERS:
Time constraints continue to be a barrier. Due to the demands of the position, interruptions are common and sometimes unavoidable. Other barriers include the case manager's time to complete the required paperwork. The current caseload size was targeted to be reduced to 25 to 28 from 32/35 cases to assist in accommodating the need to complete the required paperwork timely and meeting the guidelines for Chapter 24 standards, however, continued growth within the program has left this goal unmet. Time constraints with regards to entering information into the new CSN system have also been a challenge that has continued to impact this goal. Previously, Case Management Program Coordinators had consistently carried their own case loads, as well as have been covering the case loads of case managers when someone

has resigned or gone on maternity leave which has made it difficult to provide the necessary quality assurance as needed. The Case Management Program Coordinators have been working to develop a consistent schedule in order to make sure that quality assurance is completed on a regular basis by reviewing the case manager's narratives and other paperwork on a monthly basis.

NEEDS:

Case management staff needs to have more time to complete the work that is required and manageable workloads. Training in time management would be beneficial to the case managers. The case managers need to pay more attention to detail to make sure their documentation is complete and to be able to ensure that they are advocating in the best way possible to assist individuals to get the services that they need.

CONSUMER AND GUARDIAN SATISFACTION

CURRENT SITUATION:

This year the Case Management Program Coordinators and Case Management Director worked together to update and revise our satisfaction surveys that were sent out. We sent out 204 surveys and the return rate was fairly good. The case management team will be working together to come up with other methods to track consumer, guardian, and provider satisfaction and feedback in the next year, including the option of sending out emails or an email survey along with the paper version of the survey.

STRENGTHS:

Strengths for our program include some very caring case managers. Everyone has an active interest in the individuals on the caseloads. The case management team is comprised of individuals with different human services backgrounds and have all worked as providers in the past. They have the opportunity to attend trainings needed to pursue professional areas of interest and have developed their own networks within the provider system. This has helped them to be more responsive to the consumer's needs.

PROGRESS DURING THE LAST YEAR:

During the last year, the case managers are seeing as many individuals as possible on a bi-monthly basis. They have attended trainings as available and needed to help them learn how to work with individuals with disabilities even more effectively. We received 100 of the surveys back that were submitted and the overall response from the surveys were positive and show that despite the increase in paperwork and rules changes that have occurred, the case management unit continues to meet the needs of the individuals and families that we serve.

PROGRAM DESIRES AND ASPIRATIONS:

The case managers will have bi-monthly contact with the consumers and quarterly contact with the guardians. Case managers will continue to have monthly contact with the providers. Community Services continues to have quarterly Provider Network Meetings in the county so that providers and case managers can continue to have open communication regarding changes in services and to provide networking opportunities.

BARRIERS:

The guardians are not always available or responsive to the consumer's needs. We have also had many issues with providers and their rates changing. When a provider notifies a case manager after a rate has changed, it is time consuming for the case manager to reflect that change in the ISIS program. There has been great demand from some providers for the case managers to make immediate changes to a plan with little understanding of the funding process. It can sometimes take days to get a plan changed or to get approval on an adult case. There has been an increase over the last year in referrals for individuals whose services needs are more difficult and/or time consuming. The case management team has spent much time working with clients, families and providers to meet these demands.

NEEDS:

The case managers will continue to have as much contact with the consumers, guardians, and providers as possible. The case managers will recognize all members of the consumer's team and include each member in the team meetings. Case managers will continue to complete paperwork in a timely manner and make sure it is sent by deadlines set forth.

PROGRAM PRIORITIES THROUGH JUNE 2014

1. Add additional case management positions in order to match the increase in referrals.

2. Continue to strive for smaller caseloads.

3. Complete ongoing quality assurance practices.

4. Openly communicate with the Board of Supervisors regarding challenges and needs within the case management unit.